

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095391

1. Entity Name

THE FOREVER CAMERA COMPANY

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90311 006 ***150.00

Principal Place of Business

2980 SALERNO WAY
DELRAY BEACH FL 33445

Mailing Address

2980 SALERNO WAY
DELRAY BEACH FL 33445-7148

2. Principal Place of Business

3595 N. Dixie Hwy
Suite, Apt. #, etc.
Ste #5

3. Mailing Address

3595 N. Dixie Hwy
Suite, Apt. #, etc.
Ste #5

City & State

Boca Raton FL

City & State

Boca Raton

4. FEI Number

65-0965073

Applied For

Not Applicable

Zip

Country

33431 Palm Beach

Zip

Country

33431 Palm Beach

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, ROBERT M
KAHN & GUTTER
8211 W BROWARD BLVD., PH4
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DVT	<input type="checkbox"/> Delete
NAME	COHEN, ROBERT I	
STREET ADDRESS	2980 SALERNO WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	WALSH, JOHN	
STREET ADDRESS	2420 SW 15TH TERRACE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	Stein, Mitchell	<input type="checkbox"/> Delete
NAME	6321 NW 74th Ave	
STREET ADDRESS	Tamarac, FL 33321	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitchell Stein 4/28/00 561 620 9276

Date

Daytime Phone #

CR2E034 (9/99)